

EXHIBIT E

Claim Confirmation Form

For

Compromised Claims – Silver

Lease Program

CLAIM CONFIRMATION and DELIVERY INSTRUCTIONS

Name of Claimant: _____

Your claim has been assigned Claim Number _____

Your Proof of Claim has been timely received, reviewed, and approved by the Receiver. Your claim has been classified as a **Compromised FSD Customer – Silver Lease Program**.

Your holdings remaining in the depository, if any, will be returned to you or your beneficiary pursuant to your delivery instructions below. The value of your holdings that are missing, as calculated by the Receiver's accountants, and for which you have a dollar claim in the receivership is \$_____.

DELIVERY INSTRUCTIONS (complete and return)

Deliver my holdings to: Name of recipient: _____
Street Address: _____
City, State, & Zip: _____
Telephone: _____
Email: _____

Method of shipping:

- ☐ I or my authorized representative will pick up at the FSD depository in Wilmington, DE
☐ Federal Express billed to me or my representative
☐ Courier – Identify the name: _____
☐ Armored transport – Identify the name: _____
☐ Other (identify): _____

Describe the insurance, if any, you obtained for the shipment: _____

I acknowledge that I agree with the Receiver's approval, classification, and amount of my Proof of Claim. I acknowledge that I am solely responsible for the cost of insurance and delivery of my holdings.

Signed: _____

Date: _____